## MISCELLANEOUS EXPENSE VOUCHER

FUND	AGENCY	ORG/SUB		GRAM SET UNIT	ACTIVITY	FUNCTI	ON OBJ/SUB
JOB/PROJECT	REI	PT CATEGORY	TER	RMINI	QUAN	ППҮ	AMOUNT
DATE:				NAME:			
MEETING OF:				HOME			
HELD AT:				•			
DATES:				ZIP CO	DE:		
TRAVEL EXPENSES	: (ATTACH F	RECEIPTS IF MORE	THAN \$10.	00)			
Dates /Time traveled _			1	to			
From (cities)			_ to	·			and return.
Automobile (Driver only; round trip) miles @ \$.32 per mile							\$
Plane ticket no							
Гахі <i></i>							\$
Parking							\$
Bagging Tips			••••••		***************************************		\$
						TAL EXPENSES	\$
MEALS: (ATTACH I	RECEIPTS	IF MORE THAN \$	10.00)			•	
		Breakfast (including	tax and tip)	***************************************	***************************************	******************	
DATE	<u> </u>	Lunch (including tax					
		Dinner (including tax	x and tip)	······································	**************************************		<u>\$</u>
		Breakfast (including	tax and tip)				\$
DATE		Lunch (including tax	(and tip)		***************************************		\$
	٠	Dinner (including tax and tip)					\$
		Breakfast (including tax and tip)					\$
DATE		Lunch (including tax	and tip)		-		\$
		Dinner (including tax	x and tip) .		***************************************		\$
·						TOTAL MEALS	\$
LODGING: (ATTAC	H RECEIP	rs)				LODGING	
	_ DAYS @	\$	PEF	RDAY		EXPENSES	\$
OTHER EXPENSES	S: (ATTACH	RECEIPTS)					
			,		<del></del>	OTHER EXPENSES	\$
certify that the above expenses were incurred by me on pehalf of the Commonwealth of Kentucky.					<del></del>	TOTAL DUE	
IGNED:				APPROVI	ED FÖR PAYMI	ENT:	
REPRESENTING:							
OCIAL CECUBITY M							